TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-005	2. STATE Arizona
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR
    CENTERS FOR MEDICARE AND MEDICAID SERVICES
    DEPARTMENT OF HEALTH AND HUMAN SERVICES
	4. PROPOSED EFFECTIVE DATE
	April 1, 2010	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN   ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN   ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(E)(i)-(iv), 1902(r)(2), 1902(u), 1905(p), and 1860D-14(a)(3)(D) of the Social Security Act	7. FEDERAL BUDGET IMPACT: FFY10 = $0 FFY11 = $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2 – A, Pages 9b, 9b1, 9b3 Attachment 2.6 – A, Page 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 2.2 – A, Pages 9b, 9b1 Attachment 2.6 – A, Page 22

10. SUBJECT OF AMENDMENT:

Reflects changes resulting from Section 112 of MIPPA which increased resource standards for QMBs, SLMBs and QIs to conform to resource limits for individuals who qualify for Medicare Part D Low-Income Subsidy (LIS).

11. GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT   ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: *[signature]*	16. RETURN TO: Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034
13. TYPED NAME: Monica Coury	
14. TITLE: Assistant Director	
15. DATE SUBMITTED: May 12, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 12, 2010	18. DATE APPROVED: JUL 2 8 2010

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: *[signature]* Gloria Nagle
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Administrator Medicaid & Children's Health Operations

23. REMARKS:

Changes to Boxes 6 & 7 made by State on 6/14/10 per CMS request.